

☐ Food Protection
☐ Septic/Sewage
☐ Open-Dumping/Solid Waste
☐ Open-Burning/Solid Waste
☐ Accumulation/Solid Waste
☐ Abandoned Vehicle
☐ Environmental Pollution/Air
☐ Environmental Pollution/Water
☐ Vector
☐ Animal
☐ Building

Henry County Health Department

Environmental Health Division, 1201 Race Street, Suite 208
New Castle, Indiana, 47362-4653

[office] 765.521.7056 [fax] 765.521.7057
henrycounty.in.gov



Complainant (name of person filing this complaint): _____

Complainant Address: _____

Telephone: _____

Owner of Complaint: _____

Address of Owner of Complaint: _____

Telephone: _____

Parcel ID of Complaint: _____

Complaint Description: _____

(over →)

I hereby attest that all the above information is true and accurate to the best of my knowledge. I agree to keep this information and all future information confidential until an investigation is completed by Henry County Health Department staff. I understand that my identifying information will not be disclosed while this case is being investigated by Henry County Health Department staff. I further understand that if this case becomes a matter before the Court that I may be compelled to testify as a witness before the Court and I hereby agree to do so.

Signature of Complainant

Date

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Investigated: _____

Unjustified ☐

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